State Form 4606 (R13/11-05)

Indiana Election commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the

FILE NUMBER 5620 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

reverse side.		•	
IS THIS AN AMENDMENT? X Yes No			
COMMITTEE INFORMATION			
Full name of committee (as on Statement of Organization) Check if this is a new name Hoosiers for Economic Growth Political Action Committee			
2. Acronym or abbreviated name, if any	3. Committee telephor	ne number	
HEG PAC	(317) 535-2906	6	
4. Mailing address (address where all campaign finance correspondence is received Chec PO BOX 2441	k if this is a new address		
5. City, state, ZIP code	6. Party affiliation (if a	oplicable)	
INDIANAPOLIS IN 46206-2441			
CANDIDATE INFORMATION (For Candidate's Co	ommittee Only)		
7. Full name of candidate (<i>include any nickname</i>)	8. Party affiliation or if	independent	
9. Office sought (include district number, if any. Not required for exploratory committee.	10. County of residence	ce	
TYPE OF REPORT		CONVENTION CANDI	DATES ONLY
11.		12. Check one:	
PrePrimary		Pre-Conv	
		Post-Cor	
12. Reporting period: From: 01/01/2014 Through: 04/11/2014		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		(19,510.40)	
14. Cash on hand and investments January 1, current year.			(19,510.40
CONTRIBUTIONS AND RECEIPTS			
(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)		204 202 20	
15a. Itemized (use Schedule A)		261,000.00	261,000.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a, and 15b in both columns	SUBTOTA		261,000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	тотл	AL 241,489.60	241,489.60
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		63,500.00	63,500.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns	SUBTOTA	L 63,500.00	63,500.00
18. Cash on hand and investments at close of this reporting period(subtract 17c from 16 in both columns)	тотл	AL 177,989.60	177,989.60
19. Debts OWED BY the committee (use Schedule D)		0.00	,
20. Debts OWED TO the committee (use Schedule E)		0.00	
CERTIFICATION			

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title Date Signature Included 04/17/2014 Treasurer Signature of Candidate (if applicable) Date Signature Included 04/17/2014

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony . (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

Filed: Online 4/16/14 3:55 pm



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party

committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during

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	calendar year. Otherwise, this is optional.	and damig			
	CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED
	FULL MAILING ADDRESS (street, number, city, state ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1	Allan B Hubbard 5600 Sunset Lane Indianapolis IN 46228	Contribution: Direct	25,000.00	25,000.00	01/22/2014
					Betsy Wiley
Contr	ibutor's Occupation (if required): General Business -				
2	William T McClain PO Box 583 Greensburg IN 47240	Contribution: Direct	35,000.00	35,000.00	03/31/2014
Contr	ibutor's Occupation (if required): General Business -				Betsy Wiley
3	Robert L Bowen 8239 Clearwater Pointe Indianapolis IN 46240	Contribution: Direct	25,000.00	25,000.00	04/02/2014
Contr	ibutor's Occupation (if required): Retired -				Betsy Wiley
	SUB TO	OTAL THIS PAGE OF SCHEDULE A	\$ 85,000.00		
		DULE A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 85,000.00		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from political action committees

OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor,

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W	ithin a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
	American Federation for Childrent PAC 228 S. Washington Street Suite 115 Alexandria VA 22314	Contribution: Direct	175,000.00	175,000.00	02/19/2014 Betsy Wiley
	SUB TOTA	L THIS PAGE OF SCHEDULE A	\$ 175,000.00		
	TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM '	E A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 175,000.00		



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INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule. (over \$200 if regular party committee)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

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IMUST be itemized on this schedule (over \$200 if regular party committee) CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state ZIP code)	OK OTHEK KEGEN T	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Luke Messer for Congress PO Box 917	Contribution: Direct	1,000.00	1,000.00	03/12/2014
Shelbyville IN 46167	Refund for a previous			
	expenditure made in error			
				Betsy Wiley
SUB TOTA	AL THIS PAGE OF SCHEDULE A	\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM	E A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 1,000.00		



(CFA-4 SCHEDULE B) Itemized Expenditures

State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	
Code: Contributions		Direct	1,000.00	1,000.00	02/26/2014
1 Friends of Erin Houchin					
109 Lakeview Drive					
Salem IN 47167	State Senate	Purpose:			
Code: Contributions		Direct	500.00	500.00	04/02/2014
2 Our Community for Casey Cox					
2129 Dodge Ave Fort Wayne IN 46085	State Represntative	Purpose:			
Tolt Wayne IIV 40000					
Code: Contributions	- Business owner	Direct	25,000.00	25,000.00	04/02/2014
3 Committee to Elect Robert Behning					
3315 S. TIBBS AVE	0.4.5	Durnaga			
Indianapolis IN 46221	State Representative	Purpose:			
Code: Missing		Direct	1,500.00	1,500.00	04/03/2014
-		Direct	1,500.00	1,300.00	04/03/2014
4 Torr for State Representative Comm. 11944 Esty Way					
Carmel IN 46033	State Representative	Purpose:			
Code: Missing	- State Legislator	Direct	1,000.00	1,000.00	04/03/2014
5 Friends of Don Lehe					
10644 S. 100 E	State Representative	Purpose:			
Brookston IN 47923					
Code: Contributions		Direct	1,000.00	1,000.00	04/03/2014
6 Elect Milo Smith State Rep.					
632 3rd Street	0.4.5	Durnaga			
Columbus IN 47201	State Representative	Purpose:			
Code: Missing		Direct	1,000.00	1,000.00	04/03/2014
7 Kathy Heuer for State Representative		2000	1,000.00	1,000.00	0 1/00/2014
Committee					
PO Box 512	State Representative	Purpose:			
Columbia City IN 46725					_
	SUB TOTAL T	HIS PAGE OF SCHEDULE B	\$ 31,000.00		
	TOTAL OF ALL PAGES OF SCHEDULE I		\$		
	(Enter total on ITEN	1 17a of the Summary Sheet)	Ψ		



(CFA-4 SCHEDULE B) Itemized Expenditures

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MUST be itemized on this schedule.

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MUST be itemized on this schedule.					
RECIPIENT'S NAME AND MAILING	RECIPIENT'S OCCUPATION			COLUMN B	DATE OF
ADDRESS (street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Code: Missing		Direct	1,000.00	1,000.00	04/03/2014
1 Bob Morris for State Represenative					
6344 East State Blvd	State Bearmantative	Purpose:			
Fort Wayne IN 46815	State Representative	i dipose.			
Code: Missing		Direct	1,000.00	1,000.00	04/03/2014
2 Kubacki for State Representative					
PO Box 565	Ctata Danracantativa	Purpose:			
Syracuse IN 46567	State Representative	ruipose.			
Code: Missing	- Self-employed	Direct	1,000.00	1,000.00	04/03/2014
3 Bob Heaton for State Representative					
Committee	State Representative	Purpose:			
3255 E Dallas Dr Terre Haute IN 47802	State Representative	i dipood.			
Code: Missing	+	Direct	1,000.00	1,000.00	04/03/2014
4 Committee to Elect Alan Morrison		Billoot	1,000.00	1,000.00	04/00/2014
PO Box 3161					
Terre Haute IN 47802	State Representative	Purpose:			
Code: Missing		Direct	10,000.00	11,000.00	04/03/2014
5 Friends of Erin Houchin					
109 Lakeview Drive	State Senator	Purpose:			
Salem IN 47167	State Seriator	i dipose.			
Code: Missing		Direct	1,000.00	1,000.00	04/03/2014
6 Bill Friend for State Representative					
3340 W. 900 N.	State Representative	Purpose:			
Macy IN 46951	Giale Nepresentative				
Code: Missing		Direct	5,000.00	5,000.00	04/11/2014
7 Raatz for State Senate Committee					
PO Box 372	State Senator	Purpose:			
Centerville IN 47330	State condition				
	SUB TOTAL T	HIS PAGE OF SCHEDULE B	\$ 20,000.00		
	TOTAL OF ALL PAGES OF SCHEDULE		\$		
	(Enter total on ITEM	I 17a of the Summary Sheet)	•		



(CFA-4 SCHEDULE B) Itemized Expenditures

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MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code: Missing 1 David Knall 7440 N. Illinois Indianapolis IN 46260		Returned Contribution Purpose:	12,500.00	12,500.00	03/25/2014
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 12,500.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 63,500.00		